The United States, Dr., Payee's Account No. (Inspect) (Copy / Of 2. (Copy / O	Control of the UNITED STATES, Dr., Payee's Account No. (City) (City) (Coty) (City) (Coty) (Coty	<i>J. S.</i>	REIMBUKSAT		huran ar astablishment				PA	ID BY	
The United States, Dr., Payee's Account No. (Inspect) (Copy / Of 2. (Copy / O	The United States, Dr., Payee's Account No. (Chry) (State) (Cost Per Dollars (State) (Cost Per Dollars (Cost Per Dollars (State) (Cost Per Dollars (State) (Cost Per Dollars (Cost Per Dollars (State) (Cost Per Dollars (State) (Amount verified; correct for State (State) (State) (State) (State) (State) (Authorised Cortifying Officer)	Voucher pret	pared at								
COPY / OF 2. (Address) (City) (State) ARTICLES OR SERVICES Order of Date of Delivery or Service (Enter description, items number of context or Federal supply schedule, and other information deemed necessary) QUANTITY UNIT PRICE AMOUNT Cost Per Dullars of Discount Terms COSTS C	COPY / OF 2. COPY / OF 2.	oucher prep	urea at		(Give place and dat	;e) .			Cret	1#32	
Costs Cost	Cost	THE UNITED S	STATES, Dr.,	Pay	yee's Account No.				DOP-30	60-59	1
Costs Cost	Cost	r.							COPY	/ OF 2	ı
ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply or Service	No. and Date of Order or Service ARTICLES OR SERVICES No. and Date of Order or Service Center description, item number of contract or Federal supply or Service Discount Terms										
No. and Date of Date of Delivery or Service Center description, itsen number of contract or Service Cost Per Dollars Cost Per Dollars	No. and Date of Order Date of Delivery or Service Center description, item number of contract to authority vested in me, I certify that this account is correct and proper for payment. ARTICLES OR SERVICES (Enter description, item number of contract to authority vested in me, I certify that this account is correct and proper for payment. ARTICLES OR SERVICES (Enter description, item number of contract to authority vested in me, I certify that this account is correct and proper for payment. ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply of Cost Per Dollars \$\((34 \)		(1.33-					L			
Costs Co	Cost Per Dollars Cost Per Dollars Cost Per Dollars Cost Per Dollars \$(34) **PAYMENT: Complete Partial Use continuation sheet(s) if necessary Partial Part				ARTICLES OR SERVICE	CES		υ	NIT PRICE	AMOU	T
Costs \$(34. Complete Partial Use continuation sheet(s) if necessary Partial Partial Partial Vse continuation sheet(s) if necessary Partial Partial Partial Vse continuation sheet(s) if necessary Partial Partial Partial Partial Vse continuation sheet(s) if necessary Partial Partia	Costs Costs \$(34)			schedule, ar	n, item number of contr nd other information de	ect or rederal supp emed necessary)	QUAN		st Per	Dollars	6
PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total \$(34) Certify that the above bill is correct and just and that payment has not been received. TINTL (Sign original only) Date 5-21 Per	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total \$(34) I certify that the above bill is correct and just and that payment has not been received, TINTL (Sign original only) Date 5-21 Per tle (Sign original only) Amount verified; correct for (Signature or initials) Amount verified; correct for (Signature or initials) Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$,									
Complete	Complete			Costs						\$(3	4 . 2
Complete	Complete										1
Complete	Complete								1		1
Complete	Complete										
Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total \$(34) I certify that the above bill is correct and just and that payment has not been received. TINTL (Sign original only) Date 5-21 Per tle Reverse on allie or billio Amount verified; correct for (Signature or initials) Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. Approved for \$ (Authorized Cortifying Officer) SIGN ORIGINAL ONLY Title Date Date The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total \$\(3\)4 I certify that the above bill is correct and just and that payment has not been received, INTL (Sign original only) Date 5-21 Ontract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ ORIGINAL ONLY Title Date Date The reverse of this form must be executed when purchases are made or services secured without written agreement in any form Title Date	AYMENT:									
Shipped from to Weight Government B/L No. Total \$(34)	Shipped from to Weight Government B/L No. Total \$(34)	Complete [
Shipped from to Weight Government B/L No. Total \$(34) certify that the above bill is correct and just and that payment has not been received. TINTL (Sign original only) Date 5-21-55 Per	Shipped from to Weight Government B/L No. Total \$(34) certify that the above bill is correct and just and that payment has not been received. (Payee must NOT use this space)	Partial									
certify that the above bill is correct and just and that payment has not been received. TINTL (Sign original only) Date	I certify that the above bill is correct and just and that payment has not been received. TINTL (Sign original only) Date	Final		Use	continuation sheet(s) if n	ecessary					_
TINTL (Sign original only) Date 5-21-55 When a like certificate is mode by payer on attached bill or billio Per	TINTL (Sign original only) Date 5-21-55 When a like certificate is made by payeo on attached bill or bills) Per	Shipped from	to)	Weight	Government B/L	No.	11000		\$(3	+ 2
Differences Differences Date 5-21-50 When a like certificate is made by payeo on attached bill or billo) Per tle (Signature or initials) Amount verified; correct for (Signature or initials) Pursuant to authority vested in me, I certify that this account is correct and proper for payment. It Approved for \$ SIGN ORIGINAL Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Date 5-21-55 Per	certify that the	above bill is correct	and just and that pa	yment has not been rece		•				
Per	Per	TINITI				E	differences			-	-
Per	Per	IINIL		(Sign original only)						-
Per	Per		FÖ :-								-
Per	Per	5 0							at fam	(24	
Contract No. Co	Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Date 5-2		when a	s like certificate is made by payee on	sttached bill or bills)	A			7	
Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	- 1		when s	s like certificate is made by payee on	staghed bill or bills)				-1	
†	† Approved for \$	Per		itle			(Signature		<u></u>	'd.	
SIGN ORIGINAL Title Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	SIGN ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Per	24.7	itle			(Signature		<u></u>	'd.	
SIGN ORIGINAL Title Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	SIGN ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Per	ority vested in me, I	tle . Date	Req. N	0.	(Signature		<u></u>	'd.	
ONLY Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ONLY Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Per Contract No.		Date certify that this acco	Req. N	o. for payment.	(Signature of Date	or initials)	Invoice Rec		
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Per Contract No.		Date certify that this acco	Req. N unt is correct and proper SIGN	o. for payment.	(Signature of Date	or initials	Invoice Rec		
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Per Contract No.		Date certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL	o. for payment.	(Signature of Date	or initials	Invoice Rec		
		Per Contract No. Pursuant to author Approved for \$		certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL	o. †	(Signature of Date	or initials	Invoice Rec		••••
CONTROL OF THE PROPERTY OF THE	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	Per Contract No. Pursuant to author Approved for \$		certify that this acco	Req. Notes and proper SIGN ORIGINAL ONLY	o. for payment. † Title Date	(Signature of Date	or initials	Invoice Rec		••••
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be snown; other classification optional)		Per Contract No. Pursuant to author Approved for \$		certify that this acco	Req. Notes and proper SIGN ORIGINAL ONLY	o. for payment. † Title Date	(Signature of Date	or initials	Invoice Rec		
		Per Contract No. Pursuant to author Approved for \$	THE REVERSE OF TH	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA	o. for payment. † Title Date DE OR SERVICES SECURE	(Signature of Date (A	uthorized Ce	Invoice Rec		
		Per Contract No. Pursuant to author Approved for \$	THE REVERSE OF TH	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA	o. for payment. † Title Date DE OR SERVICES SECURE	(Signature of Date (A	uthorized Ce	Invoice Reconstitying Officer) MENT IN ANY FORM		
1. 20 C(45), 11. 11. 12. 12.	y depart (\$15), and the control of the control	Per Contract No. Pursuant to author Approved for \$	THE REVERSE OF TH	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA	o. for payment. † Title Date DE OR SERVICES SECURE	(Signature of Date (A	uthorized Ce	Invoice Reconstitying Officer) MENT IN ANY FORM		
in sequestion of the course	go de junit (jant), en elements	Per Contract No. Pursuant to author Approved for \$	THE REVERSE OF TH	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA	o. for payment. † Title Date DE OR SERVICES SECURE	(Signature of Date (A	uthorized Ce	Invoice Reconstitying Officer) MENT IN ANY FORM		
i de la companya de l La companya de la companya de	in the second Control of the second control	Per Contract No. Pursuant to author Approved for \$	THE REVERSE OF TH	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA	o. for payment. † Title Date DE OR SERVICES SECURE	(Signature of Date (A	uthorized Ce	Invoice Reconstitying Officer) MENT IN ANY FORM		
, bijan Costa, orderina e	The second section of the second seco	Per Contract No. Pursuant to author Approved for \$	THE REVERSE OF TH	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA	o. for payment. † Title Date DE OR SERVICES SECURE	(Signature of Date (A	uthorized Ce	Invoice Reconstitying Officer) MENT IN ANY FORM		
		Per Contract No. Pursuant to author Approved for \$	THE REVERSE OF TH	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA	o. for payment. † Title Date DE OR SERVICES SECURE	(Signature of Date (A	uthorized Ce	Invoice Reconstitying Officer) MENT IN ANY FORM		
		Per Contract No. Pursuant to author Approved for \$ Gradient Contract Contrac	THE REVERSE OF THE	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA	o. for payment. † Title Date Date or Services Secure mbol must be show	(Signature of Date (A	uthorized Ce	Invoice Rec	.4	
		Per Contract No. Pursuant to author Approved for \$ Gradient Contract Contrac	THE REVERSE OF THE	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA	o. for payment. † Title Date Date or Services Secure mbol must be show	(Signature of Date (A	uthorized Ce	Invoice Rec	.4	
Check Nodated, 19, for \$	Check Nodated, 19, for \$	Per Contract No. Pursuant to author Approved for \$ Gradient Contract No. Check	THE REVERSE OF THE	certify that this acco	Req. N unt is correct and proper SIGN ORIGINAL ONLY ED WHEN PURCHASES ARE MA FION (Appropriation Sy	o. for payment. † Title Date DE OR SERVICES SECURE mbol must be show	(Signature of Date (A. C. WITHOUT WR	uthorized Ce	Invoice Reconstitying Officer) MENT IN ANY FORM ptional)	United States in	, keve

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040055-2 STATOTHR Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040055-2